

**U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION -- FLIGHT STANDARDS SERVICE
SPECIAL INSTRUMENT APPROACH PROCEDURE -- FLIGHT STANDARDS SERVICE**

Bearings, headings, courses, and radials are magnetic. Elevations and altitudes are in feet, MSL, except HAT, HAA, TCH, and RA. Altitudes are minimum altitudes unless otherwise indicated. Ceilings are in feet above airport elevation. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles or in feet RVR.

If an instrument approach procedure of the above type is conducted at the below named airport, it shall be conducted in accordance with a charted instrument approach procedure predicated on the specifications contained herein, unless an approach is conducted in accordance with a different procedure for such airport authorized by the Administrator. Minimum altitudes shall correspond with those established for en route operation in the particular area or as set forth below.

TERMINAL ROUTES				MISSED APPROACH			
FROM	TO	COURSE AND DISTANCE	ALTITUDE	MAP:			

1. PT ____ SIDE OF COURSE ____ OUTBOUND ____ FT WITHIN ____ MILES OF ____ (IAF) 2. _____ 3. FAC: ____ FAF: _____ DIST FAF TO MAP: ____ THLD: ____ 4. MIN. ALT: _____ 5. DIST TO THLD FROM OM: ____ MM: ____ IM: ____ 150 HAT: ____ 100 HAT: ____ GS ANT: ____ 6. MIN GS INCPT: ____ GS ALT AT: ____ OM: ____ MM: ____ IM: ____ 7. GS ANGLE: ____ TCH: ____ 8. MSA FROM: _____	ADDITIONAL FLIGHT DATA: MAG VAR: _____ EPOCH YEAR: _____
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MINIMUMS															
TAKEOFF:	STANDARD	NOTES						ALTERNATE: N A							
CATEGORY ==>	A			B			C			D			E		
	DH/ MDA	VIS	HAT/HAA	DH/ MDA	VIS	HAT/ HAA	DH/ MDA	VIS	HAT/ HAA	DH/ MDA	VIS	HAT/ HAA	DH/ MDA	VIS	HAT/ HAA

NOTES:

CITY AND STATE	ELEVATION: _____ TDZE: _____	FACILITY IDENTIFIER:	PROCEDURE NO. / AMDT NO. / EFFECTIVE DATE:	SUP: _____ AMDT: _____ DATED: _____
	AIRPORT NAME: _____			

NOTES CONTINUED:

AIR CARRIER NOTES:

The procedure on the other side and the foregoing data are hereby:

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:

DEVELOPED BY		
NAME:	FIFO	DATE:

RECOMMENDED BY		
NAME:	FIFO	DATE:
MANAGER		

APPROVED BY		
NAME:	REGION, FLT STANDARDS	DATE:

OPERATIONS SPECIFICATIONS -- AIRPORT

_____ holding Air Carrier Operating Certificate No. _____ hereby acknowledges receipt of Operations Specifications to operate into and out of the airport named on the other side as a ☐ Regular, ☐ Refueling, ☐ Alternate, ☐ Provisional for _____ airport with the following type aircraft:

Unless otherwise authorized in the Operations Specifications - Airport, an instrument approach of this type shall be conducted in accordance with the procedure specified on the other side and the air carrier minimums specified above with the following exceptions:

DATE: _____ RECEIVED FOR THE AIR CARRIER BY: _____ TITLE: _____
AMENDMENT NO. _____ SIGNATURE

BY DIRECTION OF THE ADMINISTRATOR _____
SIGNATURE TITLE
EFFECTIVE DATE: _____